Third Party Clinical Access Agreement

The main purpose of schooling is the delivery of education programs during school hours.

When working in the school, an external service provider's role is to contribute to positive educational outcomes for the student, in a planned, collaborative manner. External services support the role of the teacher to enhance the educational outcomes and goals for the student and must link directly to a student's existing individualised plan.

Entry and access to the school are always at the discretion of the principal. In considering the school's duty of care towards all staff and students, principals can discontinue access to a provider if:

- the service no longer supports the student's educational needs;
- the service is impacting other students, staff, or school operations;
- the service is unreliable or breaches the Third-Party Clinical Access Agreement; or
- the provider has displayed inappropriate conduct as per the school's *Code of Conduct.*

PLEASE COMPLETE ALL SECTIONS AS REQUIRED

Student Details

Student Name:	**Date of Birth:**
Teacher:	**Year:**

Parent / Guardian Details

Parent / Guardian Name:	
Email:	**Contact Number:**

Service Provider Information:

Organisation:	
Location Address:	**ABN:**
Key Contact Name:	**Key Contact Role:**
Key Contact Number:	**Key Contact Email:**
Therapist Name:	**Therapist Role:**
Therapist Contact Number:	**Therapist Email:**

Executive Directive - Volunteers and Contractors

Working with Children Check:	**Date:**
NDIS Worker Screening Clearance or National Police Certificate *(attach a copy)*	**Date:**
CEWA Child Protection Procedures and Mandatory Reporting Online Training	**Date:**

SCHOOL TO COMPLETE

Commencement Date:	**Completion Date:**
Access Days:	**Time of access and duration of session:**
Location of Support / Therapy:	**What classes will the student miss?**

Service Provider Acknowledgement:

- ☐ Provider understands that the school will require an on-site induction before any provider staff access the school site and students. The school does not pay any costs for the provider to attend an on-site induction.
- ☐ Provider must arrive at least 15 minutes before the first designated appointment to complete on-site induction requirements.
- ☐ Provider will complete CEWA Child Protection Procedures and Mandatory Reporting Online Training.
- ☐ Provider will provide feedback to the appropriate staff member at the school each term.
- ☐ Provider will share details of resources or training required to meet therapy goals as required.
- ☐ Provider will notify parent/carer and school in writing should the details of the Third-Party Clinical Access Agreement change.
- ☐ Provider will immediately inform the school about anything related to the student's welfare and safety.

Service Provider Representative Name:

Signature: **Date:**

Parent / Guardian Acknowledgement:

- ☐ The parent / guardian understands that the principal may discontinue access for a provider at any time.
- ☐ Parent / guardian will obtain written consent from the school for a provider to make classroom observations or meet with school staff.
- ☐ Parent / guardian is responsible for communication with the provider including advising if their child will be absent for the planned session.
- ☐ Parent / guardian is responsible for communicating with the school to advise on any changes to the provider or absence of the provider.
- ☐ Parent / guardian understands the school will not cover any costs associated with the provider's access to the student at school.
- ☐ Parent / guardian gives consent for the release and exchange of information between the provider and the school.

Parent / Guardian Name:

Signature: **Date:**

School Acknowledgement:

- ☐ School grants access to the school grounds for the sole purpose of providing therapy for (student's name).
- ☐ Variations to this agreement can only be made by the principal or delegate.
- ☐ The school will record the student's withdrawal from class as per school policy.

Approved ☐ **YES** ☐ **NO** **Date of Review:**

Principal or Delegate Name:

Signature: **Date:**

Comments:

PLEASE SUBMIT THE COMPLETED FORM TO THE SCHOOL PRINCIPAL, ALONG WITH ALL RELEVANT ATTACHMENTS, AT LEAST TWO WEEKS BEFORE THE REQUESTED COMMENCEMENT DATE.